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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Addison's Disease.
By E. HEADLAM GREENHOW, M. D., F. R. C. P., Assistant Physician to the Middlesex Hospital, &c.

GENTLEMEN: Ten years ago the late Dr. Addison, senior physician to Guy's Hospital, published a monograph "On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules." Beyond the fact, which had been revealed by post-mortem examinations; that these organs were liable to inflammation and suppuration, to effusions of blood into their substance, and to cancerous and tubercular degeneration, nothing whatever was known respecting their diseases, or the influence which these exercised on the general health, until the publication of that work. Dr. Addison had for a long period observed, from time to time, cases evidently belonging to the same class, characterized by very remarkable

symptoms, and to which, for want of a perfect knowledge of their true nature, he applied the term idiopathic anemia. It was in the course of his endeavours to obtain some additional light on this subject that he discovered the relation between these symptoms and disease of the supra-renal capsules, which relation he brought for the first time under the notice of the profession in the work I have just mentioned. Dr. Addison briefly stated these symptoms which he had found occurring in connection with supra-renal disease to be as follows: "Anemia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of colour in the skin." On account of this discoloration of skin, which Dr. Addison at first conceived always to accompany the disease, it was originally named "melasma supra-renal." At a later period, however, Dr. Addison stated, at a meeting of the Medico-Chirurgical Society, that cases might and did occur without any such dis-

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coleration. The newly-discovered malady was nevertheless afterwards called bronzed-skin disease, but has now become generally known by the more appropriate and convenient name of Addison's disease: appropriate because it commemorates the name of the discoverer, in accordance with the custom which has connected the names of Bright and Pott with the diseases which they first recognized, and convenient because it involves no theory as to the ill-understood nature of the disease itself. Dr Addison's book contains the record of eleven cases, some of which he had not seen during life, and several of which were certainly not true examples of the disease now known by his name. Indeed, he appears at that time to have thought that any disease involving the structure of the supra-renal capsules would be accompanied by the symptoms he described. Subsequent observation appears to show that the symptoms peculiar to Addison's disease only occur in connection with that form of disease of the supra-renal capsules which has commonly been called tubercular—a term perhaps not precisely accurate, but which, for want of a better, I shall on this occasion continue to employ. I do not, however, mean you to infer that the deposit found in the capsules in these cases is identical with tubercle as we meet with it in other organs, but only that it has such an apparent resemblance to it, and undergoes degenerative changes of so similar a character, that this term is, in the present state of our knowledge, the most convenient for clinical purposes, more particularly as we find it in a very large proportion of cases occurring in persons of a tubercular diathesis. Evidences of inflammation, afforded by adhesion to neighbouring organs, and by thickening of the connective tissue surrounding the capsules, are, indeed, common in Addison's disease, but are always associated either with abscess or with tubercular affection of the capsules themselves. Abscess—or at least transformation of the capsules into cysts filled with creamy-looking fluid, or with thinner fluid containing flocculi—has been found associated with the symptoms of Addison's disease in a few instances. It appears to me, however, that there are good grounds for believing that in such cases the abscesses have been formed by the softening down of the deposit, and that they are therefore only examples of one form of the ordinary tubercular affection. With the exception of a case

reported by Dr. Ducloux, a French physician, as one of cancer of the supra-renal capsules (but which from the description and symptoms I am inclined to regard as having been, in reality, a true example of Addison's disease), no single case of cancer of the supra-renal capsules has to my knowledge been reported, in which either the constitutional or external symptoms of Addison's disease were present. Neither, with the exception of the same case, has cancer of the supra-renal capsules, so far as I can discover, ever been reported, unassociated with, or probably otherwise than secondary to, cancer of other organs.

Addison's disease is therefore due to a much more definite affection of the supra-renal capsules than its discoverer himself was aware of; and, as we have seen, the manifestations of its existence during life are clearly divisible under two heads—viz: 1, constitutional symptoms; and 2, external signs.

Having had under my own care during the last few years at least five genuine cases of the disease, and having had the opportunity of watching several of those which were under Dr. Addison's care, I shall now sum up the results of my own personal observations as to the constitutional symptoms and external signs of this singular malady.

I. The constitutional symptoms are: gradually progressive asthenia, often originating without any apparent cause, and seldom dating from any definite period; great languor and indisposition for exertion, with, in advanced cases, breathlessness and palpitation, frequent sighing or yawning, and generally faintness on making any muscular effort, sometimes even on being raised up in bed. There is almost invariably great weakness of the heart's action, and remarkable feebleness of pulse; loss of appetite; irritability of stomach, with nausea; and, towards the close of the illness, at least occasional, often persistent, vomiting. The mind is generally clear to the last, but so great is the prostration in the latest stage of the disease that the patient often lies in a drowsy, apparently semi-comatose state, from which, however, he can be roused by questions, and to these he generally gives pertinent though slow and reluctant answers. The above I should class as the characteristic symptoms of the disease: but there are in many cases pains in the loins, hypochondria, or epigastrium; and, more rarely, dimness

of sight, vertigo, and, near death, a tendency to incoherence or delirium. Death takes place from anæsthesia, and often rather suddenly. It is a remarkable fact that, notwithstanding the great debility, which is the earliest and constant symptom of the disease, there is, in uncomplicated cases, comparatively little or no emaciation. The skin also is soft and cool; the tongue usually clean and moist until the last days of life; the bowels seldom disordered, though sometimes confined; and the urine generally normal. It should be observed that the constitutional symptoms of this malady have been sometimes masked, or at least overlooked, in cases in which the patient has been contemporaneously suffering from some other serious wasting disease, such as phthisis or lumbar abscess; but even in such cases the languor and prostration are for the most part out of all proportion to the severity of the more obvious complaint: a circumstance well illustrated by a case I shall presently quote, which was under the care of Mr. Hulke some time since in this hospital, and in which—partly no doubt on account of the complication with psoas abscess, partly also from the absence of discoloration of skin—the affection of the capsules was not suspected during life.

II. The external signs of Addison's disease are found in the discoloration of skin, which, when present in a fully developed form, is, I need scarcely say, its most striking feature. It is true that in a recent case in this hospital, in which the discoloration was very slight, I ventured to diagnose the disease on the strength of the constitutional symptoms, and that diagnosis, as you well know, was verified by the post-mortem examination; but, as a rule, this external sign has been the main ground on which this disease has been hitherto diagnosed. The discoloration of skin in Addison's disease is very peculiar, and gives to the patients in whom it is well marked the appearance of belonging to one of the darker races of mankind. Most frequently it is of a dusky-brownish or yellowish-brown hue, but sometimes rather of an olive or greenish-brown colour. The shade is not uniform on all parts of the body, but is generally darker on the face, neck, and hands, and in the axillæ and groins. The penis and scrotum and the nipples and areolæ are usually the darkest parts, and the discoloration of these last may be regarded as one of the diagnostic external

signs of Addison's disease. If the patients have been blistered, or have sustained any other superficial abrasion of the skin, the injured surfaces are always darker than the surrounding parts, but the cicatrices of deeper injuries usually remain pale.

Very often, also, small, well defined specks or patches of darker colour, resembling moles, are found upon the face, neck, arms, or trunk; but, so far as I have observed, they only appear on the already discoloured parts. Although the discoloration is generally most marked on certain parts of the body, and may even exist on some parts while the skin of other parts is of the normal hue, there is rarely, or never, any definite line of demarcation between the discoloured and normal portions of the skin; but the former fade insensibly into the latter. The characteristic discoloration is not restricted to the skin, but in well-marked cases is also usually found upon the lips in the form of an irregular stain running lengthwise, and upon the gums and buccal mucous membrane in the form of stains or patches: this last may indeed, perhaps, when present, be considered as the most decisive of the external diagnostic signs of Addison's disease. It is, on the other hand, important to remark that the conjunctivæ always remain uncoloured, and in the more deeply discoloured cases their pearly whiteness presents a striking contrast to the dusky hue of the face. I may mention, by the way, that this discoloration of the gums and buccal mucous membrane affords another analogy between the discoloration of Addison's disease and the natural colour of the darker races; two Hindoos who were hospital out-patients of mine having presented dark stains on those parts, exactly resembling the stains found in cases of Addison's disease. Moreover, in one of them I noticed that some superficial cicatrices were of a darker shade than the surrounding integuments.

We have had in the hospital during the last year two well-marked cases of this rare malady; one in April last, and the other quite recently. The first of these well illustrates both the constitutional symptoms and the external signs which I have just described.

W. B—, aged twenty-four, an engineer's labourer, first came under my observation on the 12th of April, 1864, when he was admitted into Cambridge ward, under my care. He stated that he had been in

good health until about nine months previous to his admission, when an abscess had formed in the left hypochondriac region. A few weeks later, after the healing of the abscess, he had been seized with severe pain in the left hip, shooting downwards along the course of the sciatic nerve; and the pain had continued with varying intensity ever since. About the same time he had begun to lose strength, becoming very rapidly weaker during the last ten days. He had for some weeks lost his appetite, and had been affected with nausea and occasional retching, with, for the last day or two, vomiting of food. He said that he had suffered latterly from sudden attacks of breathlessness and faintness on exertion; and he actually fainted while under examination in the waiting-room. His face had a sunburnt appearance, and his wife and mother on being questioned said that they had observed his complexion becoming darker for the last three or four months. From the above symptoms I at once diagnosed a typical case of Addison's disease.

On the day after admission the patient could with difficulty be raised up in bed on account of tendency to faintness. Pulse extremely feeble, small, and compressible; the heart's impulse feeble, and sounds exceedingly faint; the skin cool and soft; the tongue moist and clean; the urine dark-coloured, acid, copious, free from albumen, specific gravity 1023; the bowels constive. General hue of the skin dusky; the face somewhat darker, resembling that of a person bronzed by exposure; the back and sides of the neck darker than the face; the hands much darker than the arms, and the knuckles sensibly darker than the surrounding surface, as were likewise the cicatrices of several former injuries. The skin over the spine, for nine inches downwards from the eighth dorsal vertebra, was much darker than the rest of the back. Over the left hip, where a blister had been applied four months previously on account of the sciatic pain, was an oblong surface, four inches by five, much darker than any other part of the body. At some parts near the edges and centre of the patch, where apparently there had been superficial ulceration, the skin was nearly as black as that of a negro. The nipples and areolæ were very dark. The cicatrix of the abscess in the left hypochondrium was itself pale, but was surrounded by a dark-coloured ring. The

penis and scrotum were extremely dark; the thighs and legs much less dark than the body. The lips had a dark, almost black, stripe of varying breadth extending along their whole length. The buccal mucous membrane, with the exception of a few paler spots, was also of a dark, almost black, colour; and there were several well-defined dark patches on the gums of the lower jaw. The conjunctivæ were clear and perfectly white. The patient became progressively weaker from day to day; vomiting recurred after almost every meal; the pulse became quicker and nearly imperceptible; the heart-sounds were only audible on very close examination; the sense of faintness was constant and intense; and the surface of the body became cold to the touch two days before death, which took place five days after his admission. His intellect remained unimpaired to the last.

At the post-mortem examination, the body was spare, but not much emaciated, and its general hue dusky, but paler than it had been during life. The muscles were of a normal red colour; the blood thicker and darker than usual, presenting under the microscope an excess of red corpuscles. The lungs were quite free from tubercle. Many of the mesenteric glands were enlarged; their surfaces were pale and yellow, and on section they had a somewhat dry, cheesy texture. The vessels of the small intestine were much congested. Peyer's patches were enlarged, prominent, of yellowish-white colour, and remarkably opaque. The solitary glands scattered throughout the ileum were also enlarged. The supra-renal capsules were closely invested with very dense connective tissue, and were both much enlarged; they were of very firm consistence, and on section no distinction was visible between cortical and medullary substance, the whole organs being converted into masses of firm, yellowish-white tissue, in parts semi-transparent. Scattered throughout these masses were numerous opaque yellow deposits, varying in size from a hemp-seed to a small bean, of cheesy consistence, mixed with gritty matter. On laying open the pelvic fascia at the upper edge of the true pelvis on the left side, about half an ounce of thick, creamy-looking pus escaped. The abscess was connected with carious bone at the sacro-iliac synchondrosis. You will have noticed in the case I have

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just read the presence of almost every one of the constitutional symptoms which I have enumerated above as being characteristic of Addison's disease; and although the asthenia appears to have supervened contemporaneously with the sciatic pain, the latter could not even during life be considered as its cause, it being altogether insufficient to account for the severity of the symptoms. Again, with reference to the external signs, you will have seen that this case presented all those which I have described as specially diagnostic of the disease: the face, neck, and hands were darker than the general surface; the areolæ, penis, and scrotum were the darkest parts of the natural skin, and the cicatrix of the blister on the hip was almost black, whilst the deep cicatrix of the abscess remained pale; lastly, the lips and buccal mucous membrane were deeply discoloured with the characteristic stains.—*Lancet*, April 1, 1865.

(To be continued.)

Clinical Remarks on Cataract. By HAYNES WALTON.—In the course of remarks on several patients with cataract who were in attendance, Mr. Walton drew attention to the formation of cataract, the mode of its progression, and the proper period for an operation. He rebutted the idea that the first symptom of cataract, that by which the disease could be first recognized, was to be detected by impaired vision, and showed that, although to the person afflicted this subjected evidence must be the first, the loss of the transparency of the lens whenever it occurred in strim, or dots or patches of any kind, might be seen with the ophthalmoscope before there was any appreciable deterioration of sight. He had proved this many times. The power of such recognition cleared away much of the difficulty of distinguishing between the causes of the commencement of impaired vision, which was so very perplexing up to a recent period, and enabled us to say whether the visual disturbance was or was not due to cataract.

The rate of the progress of cataract was commented on, and the advantage of prognosis, if it could be made out, especially to the patient, as it usually involved one of the very anxious subjects surrounding him, and the surgeon seldom escaped the question, "How long will it be before I am blind."

He had for many years watched cases

with the view of solving the question, and these were his conclusions: There were no marks or signs by which it could be told in any individual case what would be the ratio of increase, and, therefore, when vision would be lost; and this would be more difficult in proportion as the attack was more recent. The reason of this is simply because there is not only no uniform rate of progress, but because exceptionally there may actually be an arrest of increase for months or years. All he could say was only in the way of generalization and to the effect that cataract progresses much more quickly in early life than in old age, and that at all periods of life it is more quickly developed when the lens has been uniformly pervaded by haze or opacity than when strim or spots appear. Illustrations were mentioned to confirm these statements. In some, after the lapse of from ten to fifteen years, the cataract had not sensibly increased, or but just perceptibly augmented. As still more sure evidence of the fact that cataract may go to a certain limit and not increase, was adduced the partial implication of the lens in some of the forms of congenital cataract, and the persistency of this state during a long life.

The state of vision, according to the degree of cataract present, was next examined, some curious results mentioned, and some circumstances difficult to be explained were adduced. It would seem from what we could gather that it would be impossible to tell from a mere inspection of a cataractous eye, supposing always the rest of the eye to be sound, what is the degree and quality of the sight. In almost every case, with even very partial opacity, the distant vision is impaired, but not necessarily the near sight; and in many old and elderly people the near vision is very much improved, and short-sightedness is supposed to have come on. Those who have worn spectacles for years are now able to read the smallest print without them, and all together throw them aside.

Mr. Walton said that conversant as he was with this condition of things, he had been from time to time puzzled with cases that were in extreme. Now, and then, when for the first time he looked at a case, he would think there could be no definite sight, and a trial has astonished him; but he was quite amazed with the following example: A gentleman, aged 55, who had had remarkably good far sight, and good

near sight with common spectacles, applied to him for an explanation of certain optical changes. He examined his eyes, told him that cataract was present, and advised an operation on the right, that in which the lens was most opaque. The gentleman asked for a book in fine print, and read it readily with either eye without his glasses. For two years he had put these appendages aside, as he did not need them for any minute objects. His distant sight only was affected, and he could not recognize his friends across the street. He laughed at the idea of an operation. The gentleman kindly consented to allow some of Mr. Walton's friends conversant with eye disease to examine him; and all were deceived in their diagnosis about the sight, not only on account of the density of the opacity that occupied the pupil, but the impossibility of illuminating with the ophthalmoscope the right eye in any degree, and the very slight amount of light that entered the second. No one could solve the riddle.

Mr. Walton begged his hearers to note that among the practical lessons to be drawn from the several topics that had been brought forward was the important one of not operating in any case of cataract by anticipation; that is, before the patient had lost all useful vision—not before his avocations in life were interfered with, or the interruption to sight was sufficient to produce positive discomfort. He based the rule on the well-known fact that however large may be the percentage of successful operations, that failures do, and must occur. It would be otherwise if by an operation the eye could be restored to perfect integrity. He mentioned an instance in which, just twelve years ago, he prevented one of these operations; and the gentleman about to be operated on is still attending to his professional duties.

We must not omit to notice what was said about the artificial dilatation of the pupil by the use of some of the preparations of belladonna. The improvement to vision that may ensue by the widened pupil in some cases of cataract has been long known. But it is not always possible beforehand to tell when it will be beneficial, as, under apparently the same conditions it may or may not be useful. Mr. Walton gave the particulars of several cases—some of them congenital—in which, without the dilatation, there was no useful vision, but with it

the smallest type of a newspaper could be read. A trial only could decide the matter, and a trial should be made, for nothing was easier or less hurtful. He knew persons who have applied belladonna twice a week for several years, and by it are enabled to pursue their avocations. It is well to use the least strength that will answer, that the adjusting power of the eye, which is a little influenced while the belladonna is acting, may be affected as little as possible. It is strange that the iris is affected by the belladonna in the same manner by the same strength for any time, and that it quite recovers its natural state whenever it may be left off.—*Med. Times and Gaz.*, April 8th, 1865.

HOSPITAL NOTES AND GLEANINGS.

Amputation through the Knee-Joint.—The cases in which amputation through the knee-joint is practicable, Mr. T. P. PRICE remarks, are very uncommon, and rarely fall under the notice of the surgeon. The following case is, therefore, recorded as showing the good results which may follow this operation; and also that the great objection—viz., the extensive suppuration which is said to ensue in these cases—is not so formidable as is sometimes supposed.

James F., aged 51, sawyer, was admitted into St. George's Hospital, November 9th, 1864, under the care of Mr. Pollock.

History.—Twenty-five years ago a small pimple appeared on the leg. It increased, and "became like a wart, remaining quite dry," until five years ago, when he knocked it off. Since then, it increased in size, and constantly discharged a thin fluid. Latterly, it increased very rapidly, and the discharge became very offensive.

On admission, the right leg was found to be much swollen; the skin red and tense. Over the front of the tibia, extending two-thirds of the length of that bone, was a large foul ulcer; the edges were very much raised, hard, and nodulated. It appeared, from looking at the edges, to consist of a number of hard uneven nodules, which had burst and ulcerated in their centre, though the greater part of the wound was covered with a foul, uneven, ulcerated surface, supporting pale flabby granulations. Here and there the surface of the tibia could be felt to be exposed and roughened. The glands in the groin were slightly enlarged. The

patient was thin and emaciated; his countenance pale; aspect anxious; pulse weak and quick. There was profuse and extremely offensive discharge of a peculiar sickly odour.

Nov. 17. Amputation through the knee-joint was performed under chloroform. A large semilunar flap was made on the front of the joint, and was joined by a smaller one on the posterior surface; the various ligaments were then divided, and the limb separated. The patella was not removed. Several vessels required ligature. The flaps were brought together by silver sutures, the anterior one being sufficiently long to completely cover the end of the bone. On examining the parts afterwards under the microscope, well-marked cancer-cells were found.

19th. There was considerable febrile excitement. His tongue was dry and brown; mouth parched; the bowels were not open; pulse 64, weak. There was a little discharge from the wound. He was ordered to have four ounces of red wine; and an effervescing saline draught every four hours.

21st. He still continued feverish; did not sleep. His countenance was anxious. He had no pain, but the stump "felt heavy." The tongue was inclined to be red at the tip. Pulse 72; skin hot and dry; conjunctiva tinged. The bowels had not acted since the operation. He was ordered to have a common enema immediately.

24th. The patient felt very much better. His tongue was almost clean. He slept well, and enjoyed his food. There was some swelling of the stump, and very considerable discharge. The sutures had been removed; and the flaps had separated, leaving a portion of cartilage exposed. He was ordered to have warm Goulard lotion applied.

26th. There was very much less swelling, and less discharge. The wound was quite clean and healthy, and was beginning to cicatrize; there was one small point of cartilage still exposed. He felt very well in himself.

From this time he went on well; the wound healing. On December 17th, the notes say that the wound was nearly healed; one small sinus remaining, which discharged slightly. He was discharged December 21st, with a very good stump. The patella was drawn a couple of inches

up the front of the femur; there was a soft cushion over the end of the bone.

There is no doubt that the advantages of this operation, where practicable, over amputation of the thigh higher up, are great. Among them may be ranked the facts, that the limb being removed at a greater distance from the trunk, there is less shock to the system; that the medullary canal not being opened, there is less chance of purulent infection; and that there is a longer stump left; and, moreover, that stump has a somewhat clubbed extremity, thus permitting the more perfect adaptation and the firmer hold of an artificial limb. The principal disadvantage appears to be the leaving behind a certain amount of cartilage and synovial membrane, which must be destroyed by suppuration before the wound can heal. This may be obviated by sawing off the articular extremity of the femur, as is commonly recommended by authors on this subject; but, in this procedure, some of the advantages accruing from this operation are lost.

Of the two operations usually recommended, the one performed in this case appears to possess decided advantages over the one recommended by Syme, of making the large flap from the integuments of the ham; the tough skin over the knee forming a far better pad, and one well adapted for pressure; and at the same time, in the former operation, there is much freer exit for discharge.

It becomes a question whether, in these cases, the patella should be left; but there does not appear to be any object in removing it; for, as in the case under observation, it becomes drawn up out of the way by the extensor muscles, and does not in the slightest degree inconvenience the patient. —*Brit. Med. Jour.*, March 12, 1865.

Blister Treatment of Rheumatic Fever.—

Five cases of acute rheumatism have been treated at St. Bartholomew's Hospital, by Dr. Jeaffreson, on the plan recommended by Dr. Herbert Davies of the London Hospital. The cases were of marked severity, the relief afforded was speedy and permanent, the temperature of the body fell rapidly, and in those cases which came into the hospital free from heart complication no cardiac mischief was developed. The safety of the heart is undoubtedly the main point at which every treatment must be

directed; and in this particular more especially does the blister treatment exhibit its peculiar value. In a communication read Wednesday, March 22, by Dr. Davies at the Hunterian Society, he stated that of 50 cases which had been admitted under his care at the London Hospital 27 had hearts already damaged by recent or old inflammatory mischief, and 23 were free from cardiac complication. The results of the blister treatment in these fifty cases showed that as many as twenty-five, when discharged from the hospital, were totally free from any endo- or peri-cardiac disease; or, in other words, that while every heart was saved which came in sound, two recent cases of endocarditis were apparently cured by the alteration effected, as he believed, in the alkalinity of the blood by the free discharge of serum from the neighbourhood of the inflamed joints. Dr. Davies also states that those cases answer best to the treatment in which a great number of joints are simultaneously affected, and when, by setting up a large amount of discharging surface in the proximity of the inflamed parts, a large proportion of the *materies morbi* may be evacuated at one coup. Cases where the poison would appear to crop up to the surface by instalments, attacking the various joints at intervals of days, do not afford such striking examples of the efficacy of the treatment. The first case, where an unexampled amount of blister was applied in an extremely acute case, and where the patient was discharged cured in thirteen days, will well illustrate Mr. Davies' position. That this treatment is not simply local in its action, was also shown in the alteration produced in the urine in the majority of the cases cited; for in 11 the urine remained acid, but generally diminished in acidity during the whole period of the case; in 22 it became neutral shortly after the serum was discharged; in 10 it exhibited an absolute alkaline reaction; while in 7 no notes were taken.

Case 1.—William S., aged 22, a working silversmith, and exposed to great variations of temperature, was admitted into the hospital on December 2, the seventh day of his illness, and was discharged cured on December 15, thirteen days after he came under treatment. Eleven blisters, amounting to 482 square inches, were applied simultaneously, and with almost immediate relief. As the patient said, "the rheumatic pains

left me as soon as the blisters drew;" and on the third day from admission all pain had disappeared. The pulse fell from 105 to 95 per minute; the temperature from 101.4 to 99.6 and 99.8; no cardiac mischief was developed. The urine, scanty and acid on admission, was rendered slightly albuminous from the presence in it of a small quantity of blood. The slight strangury and albumen, however, disappeared in forty-eight hours. He had slept very badly from the commencement of his illness, but as soon as the poultices were applied to the blistered surfaces sleep returned, and was "good" every night during the time he remained in the hospital. His appetite, bad on admission, was good on the third day; and his thirst, which was slight when he came under treatment, was not increased by the blisters, is reported to be absent on the fourth day. The heart was sound when he came under treatment, and free from disease when he left the hospital.—*Med. Times and Gaz.*, April 1, 1865.

Varicocele Treated by Permanent Subcutaneous Ligatures.—Obliteration of the spermatic veins for the cure of varicocele is now a frequent operation; but the mode in which the result is effected is modified by different surgeons. Mr. Holt has lately, in several instances in the Westminster Hospital, employed the subcutaneous ligature, which has been left permanently *in situ* with the best effect. We publish to-day a case in which Mr. Heath adopted the same plan with success.

G. W., aged 35, admitted into Mark Ward, December 12, 1864, with varicocele of left side, which had existed some years. Masturbated when a boy, but married at 23, and has had seven children. Has noticed enlargement of left side of scrotum for last ten years, but has had no pain except in very hot weather and when he walks very much.

On admission, the left spermatic veins were much enlarged and the vas deferens thickened. The left testicle hangs much lower than the right, and is softer, but not smaller, than the right.

December 13. Mr. Heath ligatured the spermatic veins subcutaneously in two places. The upper ligature was of silkworm gut, the lower of silver wire. Both were cut close and drawn entirely under the skin.

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151A. Complains of pain in the abdomen and up the cord, but no signs of inflammation present. Veins of cord smaller than before.

261A Able to walk about. Great induration of cord between the two ligatures, which are now buried beneath the skin.

January 3, 1865. Discharged.

February 10. Came as out-patient. The thickening has nearly disappeared, and the veins of the cord appear to have returned to their normal condition. Has no inconvenience from either of the ligatures.—*Med. Times and Gaz.*, May 6, 1865.

Hysterical Paraplegia.—Annie C., set. 21, having the teeth much decayed, was admitted into St. George's Hospital Oct. 19, 1864. It was said that she had diphtheria at Christmas, but there was no certainty of this. She had been for five or six weeks, it was said, the subject of "fits," and had had two on the day of admission. These had come on first after she had attended her father's funeral, she having on the day following experienced much numbness and chilly feelings in the legs, which so increased that on the third day afterwards she could not walk at all. She was brought to the hospital in a cab, and lifted up stairs. There was then complete loss of power in moving both legs, and the sensibility of the skin of those limbs at every part below the knees was absolutely wanting; it was not so in any other part of the body's surface. On tickling the sole of either foot a very slight but yet actual reflex action was induced. She asserted that at times the legs were wont to jerk up involuntarily. Her feet were lower in temperature than the other parts of the body. On pressure, the upper part of the dorsal region of the spinal column proved to be tender, and at one spot pain was produced thereby.

The urine was natural, and free from either albumen or sugar. She stated that at times she was unable to "hold the water." This was never so with the alvine evacuations. She was ordered to take ammonia and citrate of iron with aromatic spirits of ammonia, and to be purged, and to have good diet. Four days later she was put upon quinine and iron with one-sixteenth of a grain of strychnia, and the compound galbanum pill (gr. xij) every night. After taking this for four days she expressed herself as decidedly better in the legs, especially

across the front of the ankles. The feet were still clammy and cold, and I ordered a hot water bottle to be kept always in bed. The feet did not, however, feel cold to the patient. On the 27th I ordered the legs and length of the back to be galvanized for ten minutes every morning; and three days later, the medicine being continued, the strychnia to be increased to one-twelfth of a grain. During this time she gradually improved, and the power over the legs was so much restored that on November 2, I found her walking about in the ward. She quite recovered in a few days longer as to her legs, but experienced a very severe attack of bronchitis, which kept her in the hospital three or four weeks longer.—*Med. Times and Gaz.*, March 4, 1865.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—The following is a list of the delegates elected by the Phila. County Medical Society to the Medical Society of the State of Pennsylvania, which will also hold its sixteenth annual session at Altoona, in Blair County, on Wednesday, the 14th day of June next, at 10 o'clock A. M.

Drs. H. St. Clair Ash, D. H. Agnew, David Burpee, Robert Burns, Charles S. Boker, W. H. Bunn, Joseph Brookfield, John Bell, A. Cheeseman, Joseph R. Coad, J. Cumiskey, Levi Curtis, William Darach, A. H. Fish, A. Frické, Lewis P. Gebhard, D. Gilbert, A. G. B. Hinkle, Jacob Huckel, G. Hamilton, N. L. Hatfield, Thomas S. Kirkbride, A. L. Kennedy, R. J. Lewis, J. Aitken Meigs, A. S. McMur-ray, D. D. Richardson, S. R. Skillern, A. M. Slocum, Lewis S. Somers, S. N. Troth, C. P. Tutt, Charles Wittig.

The *ex-officio* delegates from the Phila. County Society are:—

Drs. A. Nebinger, Wm. B. Atkinson, Winthrop Sargent, Wm. Mayburry, Wilson Jewell, and D. F. Condie.

The *ex-officio* delegates from the different sections of the State are:—

Drs. J. D. Ross, Blair County; J. Galbraith, Perry County; Wm. Anderson, Indiana County; J. M. Stevenson, Westmoreland County; J. S. Rich, Bucks County; J. N. Evans, Montgomery County; Trail Green, Northampton County;

H. Corson, Montgomery County; J. Thomas, Chester County; J. Augustus Ehler, Lancaster County; O. P. James, Bucks County; Geo. F. Horton, Bradford County; P. Wiley, Berks County; L. A. Smith, Susquehanna County; T. C. Yeager, Lehigh County; R. W. Christy, Blair County; J. S. Crawford, Lycoming County; S. Stiles, Perry County; J. Winans, Beaver County; R. Brown, Westmoreland County; T. C. McCulloch, Armstrong County.

Association of Medical Superintendents of American Institutions for the Insane.

The annual meeting of this association will be held at the Monongahela House in the city of Pittsburg, Pa., commencing at 10 o'clock A. M., June 13th, 1865.

University of Michigan.—It appears from the catalogue of this institution, for a copy of which we are indebted to Prof. Armor, that the number of medical students during the session for 1864-5 was 414. The degree of M. D. was conferred on 51 candidates.

Nordamerikanische, Deutsche's Medicinische Zeitschrift für Praktische Heilkunde. Zweimonatlich. Herausgegeben von W. MEISBURGER, M. D., Buffalo, N. Y.—This is the title of a new medical journal, the first number of which appeared in April of the present year. It is to be published at Buffalo, N. Y., in the German language, every two months, in numbers each containing forty-eight octavo pages.

The leading object had in view in its publication is to furnish the numerous German practitioners who are to be met with in the Northern, Western, and some of the Middle States with a journal in their own language, as a medium through which they will be able to communicate their own observations and experience, and through which, also, they may be kept constantly informed of the latest observations and discoveries in the several departments of medicine made by the physicians of continental Europe, especially those which appear in the leading medical journals of Germany.

If well and faithfully edited, there is no doubt there exists ample room for a journal of a character such as it is proposed to make the one before us. Whether it will ade-

quately be sustained by those for whose advantage it has been undertaken, time alone will determine.

All the original articles in the initial number, namely, "on Epilepsy, with especial reference to its occurrence in the female sex;" "on Syphilis;" "on Epididymitis and Orchitis;" are by the editor. They are all very good papers; they are, however, without any great profundity, and present nothing new in respect to either the etiology, pathology, or therapeutics of the several affections of which they treat.

OBITUARY RECORD.—Died, in New York, April 26th, 1865, in the 80th year of his age, VALENTINE MOTT, M. D., justly named the "Napoleon of American Surgeons." Dr. Mott's achievements in surgery have been too numerous, and he has occupied too many and important positions, for it to be possible to give even a sketch of his career within the limits to which we are here restricted; but we trust that some competent hand will furnish the profession with a full biography of the lamented deceased. This is alike due to his memory, and for the credit of American surgery, which owes so much to his genius.

— In Richmond, Virginia, April 23d, in the 50th year of his age, DR. CHARLES BELL GIBSON, Professor of Surgery in the Medical College of Virginia, son of Wm. Gibson, Emeritus Prof. of Surg. University of Pennsylvania.

— At Chicago, April 16th, 1865, of apoplexy, DAVID RUTTER, M. D., aged 65, formerly of Philadelphia, but for the last 16 years a resident of the first named city.

— In Philadelphia, May 12th, 1865, in the 74th year of his age, THOMAS D. MITCHELL, M. D., Professor of Materia Medica in Jefferson Medical College.

FOREIGN INTELLIGENCE.

Specialists.—Mr. J. HUTCHINSON, Ass. Surgeon to the Royal London Ophthalmic Hospital, in the annual oration before the Hunterian Society for 1864-1865, makes the following just observations in regard to specialists.

"Arrangement and system are undoubtedly the very sinews of success, and at first

might it would certainly appear likely that nothing could better tend to economize the labour of medical investigators, and facilitate their researches, than the grouping and classifying of the materials on which they have to work. So far as specialties do represent a reasonable system of classification, so far they are useful to science. Unfortunately, however, it is quite impossible to carry this far. Our existing specialties are chiefly founded on groupings according to the organ or part affected, and this is most arbitrary and unnatural. Were it possible to classify according to cause, an immense aid in the advancement of our art would be gained in so doing; but this would of course presuppose the diagnosis established beforehand. As it is, however, nature and disease persist in declining to allow the human body to be considered as other than one whole, and constantly permit one and the same organ to suffer under the most varied influences. It is needful, therefore, to the successful specialist, as regards any single organ, that he thoroughly understand all the various causes of disease, which may come into operation; and this necessity destroys his character and imposes upon him that general course of study from which he attempts to escape. If he decline this, it is to the injury of his patients, and with peril to the progress of science.

"I need not mention the recent discoveries as to the frequency of syphilitic affections of internal organs, or those relative to the influence of the nervous system in the production of a host of organic maladies, to illustrate what is meant. How is it possible for us to have such a being as an oculist proper and exclusive, when the domain of ophthalmic surgery includes syphilis, rheumatism, gout, scrofula, every type of nerve disturbances that can be mentioned, all the varied forms of cachexia, and requires for its satisfactory pursuit a full knowledge of remedies and their uses in reference to the most infinitely varied conditions of the human body? The special part of ophthalmic medicine and surgery is small, and can very easily be taught and acquired; but the general part is large, and necessitates familiarity with the whole range of pathology and therapeutics. Might I not assert the same of each one of the other permitted specialties in succession?

"Year by year the specialist loses hold of the general knowledge he acquired in early

life, and his range of investigation becomes narrower. Not only is he at a disadvantage in regard to the chance of making additions to our knowledge from the arbitrarily restricted kind of facts which are brought before him, but his mind itself suffers in its grasp and power. This latter aspect, is, I think, one of the most serious which the general subject of specialisms presents to us. In allusion to this evil influence of the division of labour, I may venture to quote the sarcasm of an eloquent modern writer:

"We have much studied and much perfected of late the great civilized invention of the division of labour, only we give it a false name. It is not, truly speaking, the labour that is divided, but the men—divided into mere segments of men—broken into small fragments and crumbs of life; so, that all the little piece of intelligence that is left in a man is not enough to make a pin or a nail, but exhausts itself in making the point of a pin or the head of a nail." In making these remarks, it is far from my desire to speak only on one side, or to keep out of view the benefits which our science owes to specialists. In the early stage of any department of knowledge, it is almost a matter of necessity that it should be in the hands of a few. But it is the highest privilege of those who thus devote themselves to the reclaiming of new spots of territory to be able, after a while, to hand them over to the commonwealth, to prove that they are now cultivated and well worthy of annexation. Thus, I trust, we may safely regard all our modern specialisms as serving, though somewhat clumsily, purposes which, on the whole, are useful. Already we discern the approaching success of several of those of oldest growth, and which have been most zealously worked. Their victory will be consummated in their own death as such. It is a mistake in observation to suppose that specialists are of modern invention. Never did they abound more than in the early stages of our profession. In the present day they are on the wane. We have got rid of bone-setters, of water-casters, of worm-doctors. The absurd distinctions between physician and surgeon are fast falling before a general recognition that the two departments are essentially one. Our oculists now spurn the title, and the introduction of chloroform has thrown the practice of operative surgery open to all."

"* * * Specialists "may be useful as temporary expedients and for a few individuals,

but are most injurious both to our patients and to the progress of our science, if they be made permanent or be developed to excess."

—*Brit. Med. Journal*, March 25th, 1865.

Practical Dietary.—Dr. EDWARD SMITH has just published a volume called *Practical Dietary for Families, Schools, and the Labouring Classes*. Dr. Smith urges the distribution among the poor of handbills with the heading "The Cheapest and Best Kinds of Food;" and he supplies the contents. Amongst his directions are such sentences as the following: "If you are very poor, spend nearly all your money on bread. Bread and milk porridge make the best breakfast for husband, wife, and children. Buttermilk is a very good and cheap food. Whey is food, and is a much better drink than water or beer. Every member of the family should, if possible, have two pints of new milk, skim milk, or buttermilk, daily. With plenty of bread and milk there will probably be health and strength, and no doctors' bills. When you can buy Indian corn meal you will find it a stronger and cheaper food than flour. Potatoes are the best of all garden vegetables. Tea is a very dear food. If you are very poor, do not buy any tea, but spend your money in bread and skim milk. When you cannot obtain sufficient milk, and must drink tea, let it be weak, and add as much milk as you can to it; but it is then better to make broth for breakfast and dinner. Hot food is both more agreeable and digestible than cold food. Children, old and feeble people, need hot food more than strong adults. When you are very poor, and have not enough to eat, do not drink cold fluids." The teetotalers may like to know that Dr. Smith is convinced that the use of wine is quite unnecessary in the ordinary conditions of health, and that all the elements which give value to wine, except the alcohol, which has been added to it, are found equally in the so-called light wines and the strong wines of Spain and Portugal; and hence ordinary claret is quite as valuable to the system under numerous conditions both of health and disease as port or sherry. With regard to beer he says: "Whilst we cannot deny to beers the position of foods, it may be doubted whether they are necessary ones, and whether others cannot be found which offer the same advantages at a less cost. It is impossible to regard them as economical

foods, whilst as medicinal agents they may have much value, and as luxurious foods they may supply a want in the present state of society."

Effects of the Constant Galvanic Current.—M. REMAK says, that "The sedative effects of the constant current are exceedingly interesting. To produce such effects, in fact, the current must never excite painful sensations. The sedative action produced by this current differs from that of other sedatives; and it may be employed when, for various reasons, the use of opium, belladonna, etc., is objectionable. One of the most striking instances in which the current is of service, is in removing the increased sensibility of an inflamed part. If, in such a case, a positive electrode, of sufficiently extended surface, be applied over the seat of inflammation, and the negative electrode at a distant part of the body, we shall find, in the course of five or ten minutes, that the sensibility of the part has greatly diminished. Thus, for example, in a case of very painful inflammation of the elbow or the wrist, we place the positive pole over the brachial plexus, and the other over the scapula; and we find the pain is soon lessened. Lately, in the presence of MM. Claude Bernard, Velpeau, and Beau, I applied the current in the case of a man who ten days before had struck his knee, and suffered great pain at the inner border of the patella. The pain was so great, that the patient could not walk except with his knee bent. I placed the positive electrode over the crural nerve below Poupart's ligament, and the other pole over the extensors of the leg. In a few minutes, we observed that the joint became less painful, and the extension of the limb more easily performed. The patient was completely cured by three applications of the remedy. Let me remark to all those who would repeat my experiment, that the curative effect depends upon the surface of the elements of the pile; that is to say, that piles composed of small elements must be absolutely rejected."—*Brit. Med. Journal*, Feb. 25, 1865.

Endoscopy.—On Wednesday, March 15, 1865, at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the new College Hall, Kildare Street, Dr. F. R. Cruise, of the Mater Misericordiarum Hospital, exhibited an "endoscope"

which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeau's, and possesses the great advantage over it of an illuminating apparatus, so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight.

Amongst these we may specially mention the bladder and urethra; the rectum beyond the reach of the finger and speculum; the cavity of the cervix; and even of the body of the uterus; the nasal fossæ; the pharynx; cavities of ovarian cysts; abscesses; wounds containing foreign bodies, etc.

Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

Dr. Cruise's improvement in this instrument is the devising of a satisfactory and manageable illumination. He proposes shortly to publish a full account of the instrument and of the results he has arrived at from its use.

Official Account of the Russian Epidemic.

The following extract from the Russian Ambassador's statement to the British Government furnishes some interesting information in regard to the prevailing epidemic in St. Petersburg.

"The origin of this epidemic may be attributed to bad hygienic arrangements; to the consumption of vegetables which have been grown under unfavourable climatical conditions; to the immoderate use of spirits made from grain by the working and lower classes; to an unusual agglomeration of workmen in the capital towards last autumn, which occasioned a considerable crowding in their dwellings—a crowding very baneful to health, especially in the Russian climate. To these accidental causes there must still be added (and this is applicable to all epidemics) the frequent atmospheric variations, especially so common on the shores of the Gulf of Finland. The relapsing fever (*fièvre récurrente*), which made its first appearance towards the

end of last August at the rate of five to six cases daily, progressed rapidly. In November there were already no less than 500 cases of disease in the town hospitals; towards the end of January and at the commencement of February the epidemic had reached its height, as many as 150 persons being taken to the hospital in one day, and if we include the cases of ordinary typhus and other severe diseases the number arose to 250 and even 300 per diem. We must, however, observe that this last number does not give the exact number of the sick, as for many days during the time requisite for preparing temporary hospitals numbers of sick had to remain in their own domiciles. During the last week the number of cases of relapsing fever (*fièvre récurrente*) has considerably diminished, and the petechial typhus, the typhoid fever—to which the relapsing fever often turns in its second paroxysm—takes the place of the relapsing fever. At the present moment the average total admission into the town hospitals is from 100 to 150 per diem, including the petechial typhus, or typhoid fever, and other severe maladies. As regards the symptoms, the relapsing fever (*fièvre récurrente*) has shown itself under two forms—a simple form and a bilious form. Premonitory symptoms are always observed: the persons attacked have a shivering fit, sometimes two attacks at a short interval, sometimes a continuous attack. When the attack is over the patient is much prostrated; he complains of headache, thirst, sickness (*mal au cœur*), and want of appetite; vomiting occurs at times; the patient is generally constipated; the prostration then increases, and he suffers extreme pain in the extremities; however, these latter symptoms might not appear or might diminish in a short time; they are neither permanent nor constant. Generally speaking, this period of incubation is not of long duration; often after twenty-four hours only the disease displays itself in most distinct characters. The face has an altered appearance, the lines are depressed, the colour of the face red with some and of a gray yellow with others; is sometimes icterical; the skin is hot and dry, the head heavy and burning. If a thermometer is placed under the armpit of the patient it marks 30 deg., 40 deg., and 41 deg. C., and this temperature is nearly the same all over the body. The tongue is generally moist,

never quite dry; red at the edges and point, it is furred at its base. In the greater number of cases respiration is perfectly free, while in others the patient has a slight cough without much expectoration. The abdomen is not much swollen, yet it is sensitive to touch, especially under pressure of the left hypochondrium. The liver is much larger than in a natural state, as it often extends as far as the navel, and completely occupies the left hypochondriacal region. The spleen is constantly enlarged. The invalid does not eat, and even shows disgust for every species of food, but he has intense thirst; the bowels are loose, and the motions do not show anything extraordinary; they are rather liquid than solid; the urine, passed without difficulty, is slightly acid, at times albuminous. The patient, much prostrated, is taken with giddiness, and cannot stand upright. The pulse is weak and slow; from 100 pulsations it reaches 130, at the rate of 140 pulsations per minute. Delirium very seldom occurs. The state which we have just described lasts four, seven, and even ten days; the patient then begins to perspire copiously, and that perspiration, accompanied by a most marked diminution of all the symptoms, continues sometimes from twelve to thirty-six hours; but the prostration remains the same, and the twitches of the muscles continue unabated. This state continues for many days, when suddenly cold ensues, followed by shivering fits, and they are followed by all the symptoms above mentioned, and torment the patient for many days more. Yet, generally, this second attack is not so violent or so long as the first, and the patient enters into a state of convalescence. The convalescence is very slow. Very often the patient has one or two relapses, apparently less violent, but leaving him in a most prostrate condition. In some rare cases death occurs in the first paroxysm—that is to say, before the second attack of shivering, consequent upon a cerebral or pulmonary hemorrhage, or from acute meningitis, or from paralysis of the heart (Dr. Hermann Aboukhoff Hospital). Later, the patient dies either from inflammation of the lungs, or rather from a stasis in the lungs, or from an abscess in the spleen or loins, flux from the bowels, or hydropsy. At the workmen's Hospital extensive phlegmons of the trunk and extremities have been observed with suppuration of the inguinal glands,

often resulting in death. Recently (as already previously observed) the relapsing fever at its second paroxysm has turned into typhus or typhoid fever. The second form of the malady—*bilious relapsing fever*—*La fièvre récurrente bilieuse*, may arise from the first just described; however, it shows itself at once. From the first day the patient is in an icterical state, he vomits bile, and has fearful headache. He becomes delirious, and remains in a prostrate state. This very dangerous condition does not always end in death, but convalescence is always slow. The autopsy has always shown that the seat of the malady is in the organs of the abdomen, especially in the spleen and liver, which are always greatly enlarged and completely changed; sometimes the kidneys are also affected by this inflammation; a catarrhal affection of the mucous membrane of the stomach and bowels is also observable, which sometimes reaches the mucous membrane of the biliary channels, and which occasion icterical phenomena during life. Moreover, in complicated cases the results are found of inflammation of the lungs, of suppurative pericarditis and of hemorrhage into the tissue of the spleen, even with the rupture of that organ. Men are more subject to the malady than women. The workmen, who are addicted to drink have been chiefly victims to it. As yet no treatment suitable to every case has been discovered; the physician who turns his attention to the fever and to the state of the abdominal organs succeeds best."—*Med. Times and Gaz.*, April 22, 1865.

Scottish Registrar-General's Report.—The Registrar-General observes that there was nothing in the meteorological phenomena of the year 1864 to account for the great epidemic of typhus which prevailed. It attacked large masses of the people in the early months of the year, abated in the warmer season, but again resumed its virulence in September, and increased more and more till the year closed. The epidemic appeared among the people while in the midst of plenty, plenty of work, high wages, and cheap food being the characteristics of the year. The town where the demand for labour has been greatest and wages highest, and in which there need not be a single person idle—viz., Greenock, has been the town where typhus has been most virulent

and fatal, causing above 14 per cent. of the deaths of the year, including among its victims four of the medical practitioners. Taking the experience of the Royal Infirmary of Edinburgh—namely, 1 death in every 12 cases of this epidemic, above 7 per cent. of the population of Greenock must have been attacked with typhus fever in 1864. But Greenock is shown by the register year after year to be by far the most unhealthy of the eight principal towns of Scotland, if not the most unhealthy town in Scotland. The inhabitants have to contend with two adverse causes which tend to induce predisposition to attacks of epidemics—a low-lying, damp site, and greatly overcrowded dwellings, the house accommodation not keeping pace with the increase of the inhabitants. The report has to record an extremely unhealthy year; but smallpox was happily less prevalent than in 1863, and the new compulsory Vaccination Act is working much better than was anticipated. —*Brit. Med. Jour.*, March 12, 1865.

Increased Salubrity of Paris.—The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840 65,000 cubic metres were distributed in twenty-four hours, whereas in 1863 133,258 cubic metres were supplied. In 1840 there were 36,000 metres of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000 metres—that is 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

Increased Value of Life in France.—In 1806–9 the average duration of life was—in males, 30 years 6 months; in females, 32 years, 7 months; mean, 31 years, 6 months. Now, in 1865, it is calculated that males on the average live 33 years, 4 months; and females, 36 years, 4 months; mean, 34 years, 10 months.—*Brit. Med. Jour.*, March 12, 1865.

The Origin of Wine-Ferments.—M. BECHAMP shows: 1. That the presence of air is not necessary either for the development of the ferment or for the commencement of the vinous fermentation, and that the grape brings everything necessary for the perfect accomplishment of all the phenomena. 2. That the surface of the grape may carry the spores and globules of the ferment. 3. That the stalks and leaves of the vine may carry the same organisms on their spores, which may, in fact, be met with on various parts of other vegetables. The author found, by experiment, that he could set up fermentation in a solution of sugar, by introducing grape stalks and vine leaves, and also by the petals of the red poppy. A microscopic examination of the waxy matter on a ripe grape, he says, reveals the presence of organized bodies identical with those produced in fermentation.—*Brit. Med. Jour.*, Jan. 7, 1865.

Prizes.—The French Academy of Sciences has given the following prizes: 1000 francs to M. Balbiani, for his Researches into the Constitution of the Germ in the Animal Ovum before Fecundation; 1000 francs to M. Gerbe, for his Researches concerning the Reproduction of Kolpodes; 500 francs to M. Sappey, for his Researches into the Structure of the Ovary; 2500 francs to M. Zenker of Erlangen, for his work on Trichiniasis; 2500 francs to M. Marey, for his work on the Circulation of the Blood; 2500 francs to MM. Martin and Colineau, for their treatise on Coxalgia; 1000 francs to M. Ollivier, for Clinical and Experimental Researches on Saturnine Albuminuria; 1000 francs to M. Lemaître, for his Researches into the Properties of Atropine and Daturine; 1000 francs to M. Willemain, for his Experiments on Cutaneous Absorption in Baths; 1000 francs to M. Lanceaux, for his Pathological Researches on Cerebral Thrombosis and Embolia; 1500 francs to M. Grimaud, for his Hygienic Researches; 5000 francs to M. Roussel, for his History of Pellagra; and 2000 francs to M. Costallot for the same subject.

OBITUARY RECORD.—Died, in London, on the 3d. of April, 1865, Dr. F. W. MACLENNIE, in the 49th year of his age. Dr. M. was physician to Queen Charlotte's Lying-in Hospital, and one of the first Fellows of the Obstetrical Society.

TOYNBEE ON THE EAR—Now Ready.

**THE DISEASES OF THE EAR,
THEIR NATURE, DIAGNOSIS, AND TREATMENT.**

By JOSEPH TOYNBEE, F.R.S.,

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The labor of twenty years bestowed on this work has embodied in it an amount of experience and observation such as, perhaps, no other living practitioner has enjoyed. It therefore cannot fail to prove a complete and trustworthy guide on all matters connected with this obscure and little known class of diseases.

The following condensed synopsis of the contents will show the plan adopted by the author, and the completeness with which all departments of the subject are brought under consideration.

CHAPTER I. Introduction.—Mode of Investigation.—Dissection. II. The External Ear.—Anatomy.—Pathology.—Malformations.—Diseases. III. The External Meatus.—Its Exploration. IV. The External Meatus.—Foreign Bodies and Accumulations of Cerumen. V. The External Meatus.—The Dermis and its Diseases. VI. The External Meatus.—Polypi. VII. The External Meatus.—Tumors. VIII. The Membrana Tympani.—Structure and Functions. IX. The Membrana Tympani.—Diseases. X. The Membrana Tympani.—Diseases. XI. The Eustachian Tube.—Obstructions. XII. The Cavity of the Tympanum.—Anatomy.—Pathology.—Diseases. XIII. The Cavity of the Tympanum.—Diseases. XIV. The Mastoid Cells.—Diseases. XV. The Diseases of the Nervous Apparatus of the Ear, producing what is commonly called "Nervous Deafness." XVI. The Diseases of the Nervous Apparatus, continued. XVII. Malignant Diseases of the Ear. XVIII. On the Deaf and Dumb. XIX. Ear-Trumpets and their uses. APPENDIX.

The work, as was stated at the outset of our notice, is a model of its kind, and every page and paragraph of it are worthy of the most thorough study. Considered all in all—as an original work well written, philosophically elaborated, and happily illustrated with cases and drawings—it is by far the ablest monograph that has ever appeared on the anatomy and diseases of the ear, and one of the most valuable contributions to the art and science of surgery in the nineteenth century.—*N. Am. Med.-Chirurg. Review*, Sept. 1880.

To recommend such a work, even after the merit that we have given of its original excellence and value, would be a work of supererogation. We are speaking within the limits of modest acknowledgment, and with a sincere and unbiassed judgment, when we affirm that, as a treatise on Aural Surgery, it is without a rival in our language or any other.—*Charleston Med. Journ. and Review*, Sept. 1880.

The appearance of a volume of Mr. Toynbee's, therefore, in which the subject of aural disease is treated in the most scientific manner, and our knowledge in respect to it placed fully on a par with that which we possess respecting most other organs of the body, is a matter for sincere congratulation. We may reasonably hope that henceforth the subject of this treatise will cease to be among the *propria* of medical science.—*London Medical Review*, Jan'y, 1882.

It is thorough, yet not tedious in its details. It is comprehensive in its scope, giving it completeness within a moderate compass. It is copiously illustrated with one hundred well executed woodcuts, most of which are new. In fact, the mechanical execution is all that the most fastidious could desire, and the book, in every respect, one of very special merit.—*Ohio Med. and Surg. Journ.*, Sept. 1880.

Mr. Toynbee's numerous contributions to medical literature have, in this his last work, a companion to be proud of. It will certainly become the standard work of reference on Aural Surgery.—*Med. Times and Gazette*, April 14, 1880.

Mr. Toynbee has long been recognised as one of the most prominent and successful laborers in this

department of science. His investigations have probably done more to illustrate the pathology of the ear than those of all other observers, whether English or Continental, and, therefore, we have looked forward to his treatise on the ear, which has just appeared, with unusual interest. The author states, in his preface, that it is the result of twenty years' labor. It would be strange, if it were not rich with new and valuable matter. We cannot estimate too highly the value of his labors in this direction, and we marvel at the patience and industry which have enabled him to dissect two thousand ears or more. Only a portion of these dissections, however, are associated with the symptoms during life. Still a comparatively large number of observations are given, in which the history of the disease as well as the post-mortem appearances are recorded. This part of his work is its most valuable and original portion. We do not know of any treatise, in English, French, or German literature, where so much and such valuable matter, of the same kind, can be found. This renders his work invaluable. It makes it a mine of wealth, from which future observers will draw illustrations of their studies, and which no student can ever afford to ignore. We think Mr. Toynbee deserves the highest credit for the indefatigable industry with which he has prosecuted the studies of which this volume contains the result and the record. In conclusion, let us express our high estimate of Mr. Toynbee's book. It is one which the student of diseases of the ear cannot afford to be without.—*Am. Medical Journal*, July, 1880.

After a somewhat careful examination, we unhesitatingly pronounce it a most valuable addition to our medical literature. It meets so completely our own wants—a want which we have long felt, that we cannot but think that multitudes of others similarly situated will hail it with equal delight with ourselves and thank us for directing their attention to it. The numerous cases detailed, and the admirable illustrations with which the work abounds, add vastly to its merits, which, together with its decidedly practical character, renders it just the thing for the general practitioner as well as for the specialist.—*St. Louis Med. and Surg. Journal*, Sept. 1880.

BLANCHARD & LEA, Philadelphia.